



**DECLARATION AND POWER OF
ATTORNEY FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing

Attorney Docket No.	2923-0566
First Named Inventor	Peter FROMHERZ
COMPLETE IF KNOWN	
Application Number	10 / 666,530
Filing Date	22 September 2003
Group Art Unit	Unassigned
Examiner Name	Unassigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **MEASUREMENT DEVICE AND METHOD FOR SCREENING WITH CELLS IMMOBILIZED ON ELECTRODES**, the specification of which was filed on 22 September 2003, as a new United States Patent Application.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

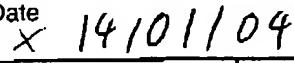
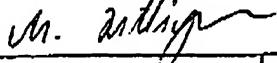
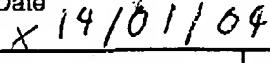
Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
102 43 599.5	Germany	09/19/2002	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

I or we hereby appoint the registered practitioner(s) associated with Customer No. 6449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 6449.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Peter		Family Name or Surname
Inventor's Signature				Date 
Residence: City	Muenchen	State	Country	Germany
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City	Muenchen	State	Zip 80686	Country Germany
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Matthias		Family Name or Surname
Inventor's Signature				Date 
Residence: City	Wessling	State	Country	Germany
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Mailing Address				
City	Wessling	State	Zip 82234	Country Germany
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
Mailing Address				
City	State	Zip	Country	